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PTO/SB/82 (09-03)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/684323
Filing Date	October 10, 2003
First Named Inventor	Al L. Wilson
Art Unit	3711
Examiner Name	
Attorney Docket Number	407-R1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number: ☐

OR

☐ Firm *or* Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	X AL L Wilson		
Signature	X Al L Wilson		
Date	X 6-2-2004	Telephone	X 810 6944384

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/684323
Filing Date	October 10, 2003
First Named Inventor	Al L. Wilson
Title	Bowling Ball Retrieving Device
Art Unit	3711
Examiner Name	
Attorney Docket Number	407-R1

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Jack E. Tubbs	40849

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☒ Firm or Individual Name	Flint Patent Service				
Address	9060 N. Elms Rd.				
Address					
City	Clio	State	MI	Zip	48420
Country	US				
Telephone	810-687-8900	Fax	810-687-8901		

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SIGNATURE of Applicant or Assignee of Record

Name	X HERBERT A. MOORE		
Signature	X		
Date	X 6-2-04	Telephone	X 810 664 8876

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Jack E. Tubbs	40849

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☐ The address associated with Customer Number: [ ]

OR

☒ Firm or Individual Name	Flint Patent Service				
Address	9060 N. Elms Rd.				
Address					
City	Clio	State	MI	Zip	48420
Country	US				
Telephone	810-687-8900	Fax	810-687-8901		

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SIGNATURE of Applicant or Assignee of Record

Name	HERBERT A. MOORE		
Signature			
Date	6-2-04	Telephone	8106648876

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